

Sanitized Approved For Release CIA-RDP64-00360R000400030006-9
D. O. Vou. No. _____
Bu. Vou. No. 95

SAPC 2353	PAID BY
COPY 1 OF 3	

(For use of Paying Office)

U. S. Cost Reimbursable

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. 511

To

(Payee)

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				10,478.	77
Use continuation sheet(s) if necessary						Total	10,478. 77 ✓

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from _____ to _____ Weight _____ Government B/L No. _____

I certify that the above bill is correct and just and that payment therefor has not been received.

(Payee must NOT use this space)

(Sign original only)

25X1A

Date 10/17/55

*Payee

25X1A

ate not required when _____ on attached bill or bills

Differences

Account verified; correct for

10,478 77

(Signature or initials)

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ 10,478.77

25X1A

†

and Certifying Officer

25X1A

By _____

SIGN
ORIGINAL
ONLY
25X1A

Title Authorized Certifying Officer

11/4/55

Title Approving Officer

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (For completion by Administrative Office)

Appropriation, limitation, or project symbol	Appropriation title				Limit'n. or Proj't. <i>Amount</i>	Appropriation <i>Amount</i>
Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			Symbol	Amount	Symbol	Amount

Paid by { Check No. 10,719, 919 dated Nov 7, 1954, for \$ 100,346.69 } on Treasurer of the United States in favor of payee named above.
Cash, \$ _____, on _____, 19 _____ Payee _____
(Sign original only)

CONTINUATION SHEET

U. S. Cost Reimbursable [REDACTED] Sheet No. 1 of Bureau Voucher No. 95
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
25X1A		<u>PAYROLL</u> <u>SYSTEM III</u> Direct Labor Costs properly chargeable to contract A101 for the period 10/3/55 thru 10/9/55 Week ending 10/9/55				4,109.	32
		[REDACTED]				6,369.	45✓
						<u>10,478.</u>	<u>77</u> ✓